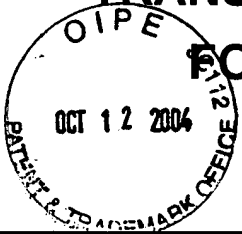
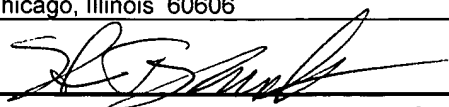
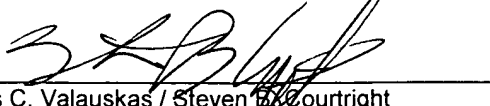


<b>TRANSMITTAL FORM</b> 	Attorney Docket No.	2520/20
	Application Number	10/089,823
	Filing Date	April 3, 2002
	First Named Inventor	Hutchins
	Group Art Unit	2875
	Examiner	Negron, Ismael

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Amendment and Response to Office Action of 5-5-2004</b> <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Extension of Time Request (dupic) - \$214 Check</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> <b>Post Card Receipt</b> <input type="checkbox"/> Request of Refund <input type="checkbox"/> Additional Enclosure(s) (please identify below):  

### CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	33	Minus	33	0	x \$9=	\$		x \$18=	
Indep.	4	Minus	6	0	x \$43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$150=			+ \$300=	
					total add'l fee	\$		total add'l fee	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Charles C. Valauskas, Registration No. 32,009 Steven B. Courtright, Registration No. 40,966 Baniak Pine & Gannon 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	October 5, 2004
CERTIFICATE OF MAILING			
I hereby certify that this is being deposited with the U.S. Postal Service as First Class Mail on the date indicated below and is addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450			
Signature			Date: October 5, 2004
		Charles C. Valauskas / Steven B. Courtright	